

Permission to Administer Medication for Chronic Medical Conditions And Allergic Reactions

Authorization must be provided for staff to administer prescription or over-the-counter medication to a child, when needed, for chronic medical conditions and for allergic reactions. Item must be provided in its original container and labeled clearly with the child's name. Staff will keep items out of reach of children when not in use.

Child's Name: _____ Medical Condition: _____

Name of Medication: _____

Criteria for giving the medication: _____

Amount: _____

Time / Frequency of dosage: _____

Describe how the medication is to be administered: _____

From : ____ / ____ / ____ To: ____ / ____ / ____ **Permission may be given for up to 6 months**

I give permission to my child care provider to apply the medication listed above as instructed.

Parent/Guardian Signature

Date

Medication Log (Completed by child care provider)

Name of Medication					
Dosage Amount					
Time Given					
Route (oral, ears, eyes)					
Date					
Signature					

Name of Medication					
Dosage Given					
Time Given					
Route (oral, ears, eyes)					
Date					
Signature					

Name of Medication					
Dosage Given					
Time Given					
Route (oral, ears, eyes)					
Date					
Signature					